

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 12/15/03.

### I. DISPUTE

Whether there should be reimbursement for L3670, E1399 (Cold Therapy Cooler Wrap), and E1399 (Water Circulating Pad).

### II. FINDINGS

The respondent reduced payment based upon "PAYU-This procedure/service code is reimbursed based on the usual & Customary allowance using the geographic zip code area" and "FEES F-The procedure code is reimbursed based on the medical fee schedule".

### III. RATIONALE

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code	MARS	REFERENCE	RATIONALE:
01/13/03	L3670	\$450.00	\$153.31	F	DOP	The 1996 MFG General Instructions GR III Durable Medical Equipment GR IV, VIII & IX  Section 413.011 (b)	The requestor provided redacted EOBs from insurance carriers that support amount billed was fair and reasonable. The redacted EOBs support a need for a change in the reimbursement. Additional reimbursement in the amount of \$296.69 is recommended.
01/13/03	E1399	\$155.00	\$135.54	F	DOP		The requestor provided redacted EOBs from insurance carriers that support amount billed was fair and reasonable. The redacted EOBs support a need for a change in the reimbursement. Additional reimbursement in the amount of \$19.46 is recommended.
<b>Totals</b>		\$605.00	\$288.85				The Requestor is entitled to reimbursement of <b>\$316.15</b> .

### IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement in the amount of **\$316.15**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$316.15** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

MDR: M4-04-4381-01

The above Findings, Decision and Order are hereby issued this 4<sup>th</sup> day of June 2004.

Laura L. Campbell  
Medical Dispute Resolution Officer  
Medical Review Division

LLC/lc